

Connerly 17-6 #1

# State Well Report

## Part 1

Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39289-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date drilling completed: 9-10-07

For Office Use Only:  
 Aquifer: \_\_\_\_\_  
 Well #: G-93  
 L. S. Elevation: \_\_\_\_\_  
 E-log #: \_\_\_\_\_

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>EOB Resources</u>	Latitude: <u>31° 18' 38"</u> Longitude: <u>81° 49' 57"</u>
Mailing Address: <u>6101 S Broadway suite 200</u> <u>Tyler TX</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SE</u> 1/4 <u>NW</u> 1/4 Sec <u>17</u> Twn <u>4N</u> Rng <u>18W</u>
Telephone No. ( ) _____	Distance: <u>3</u> Miles Direction: <u>N</u> of Nearest Town: <u>Columbia</u>

**Well Data**

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: rig supply

Date well drilling started: 9-9-07 Date well drilling completed: 9-10-07

If flowing, method of flow regulation: Valve \_\_\_\_\_ Other (describe) \_\_\_\_\_

Static Water Level: 59 feet above or below (circle one) land surface Date measured: 9-10-07

Method of Measurement (circle one) steel tape electric tape air line other: \_\_\_\_\_

Hole depth: 320 Well depth: 300 Well grouted to a depth of 20 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 260 feet Casing diameter: 4 inches Type of casing: PVC

Screen length: 20 feet Screen diameter: 4 inches Type of screen: PVC SBT

Screen slot size: .010 inches Setting depth: From 260 feet to 300 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development

Other (describe): \_\_\_\_\_

Top of lap pipe or reduction in casing: \_\_\_\_\_ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: \_\_\_\_\_

Name of organization running log(s): \_\_\_\_\_

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SEP 20, 2007  
LWR

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

John W Thompson 0-679  
Print Name of Water Well Contractor and License No.

John W Thompson  
Signature of Water Well Contractor



# STATE WELL REPORT

## Part 2

Pump Installer's Completion Report  
Mississippi Department of Environmental Quality  
Office of Land and Water Resources  
P.O. Box 10631  
Jackson, MS 39288-0631  
(601)961-5210  
(601)354-6938 (fax)

County: Marion  
 Permit #: \_\_\_\_\_  
 Driller: John W Thompson  
 Date completed: 9-10-07

For Office Use Only:

Aquifer: \_\_\_\_\_  
 Well #: G-93  
 Elevation: \_\_\_\_\_

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information	Well Location
Owner Name: <u>EOG Resources</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>6101 S Broadway ste 200</u> <u>Tyler TX</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u> USGS quad, Hand-held GPS, Survey-grade GPS
City: _____ State: _____ Zip Code: _____	_____ 1/4 _____ 1/4 Sec <u>17</u> Twp <u>4 N</u> Rng <u>18 W</u>
Telephone No. ( ) _____	Distance _____ Direction _____ Nearest Town _____ <u>3</u> Miles <u>N</u> of <u>Columbia</u>

Pump Type Circle one	Power Type Circle one
<input type="checkbox"/> Air Lift <input type="checkbox"/> Jet <input checked="" type="checkbox"/> <u>Submersible</u> <input type="checkbox"/> Bucket <input type="checkbox"/> Piston <input type="checkbox"/> Turbine <input type="checkbox"/> Centrifugal <input type="checkbox"/> Rotary <input type="checkbox"/> Flowing Well Other (specify): _____ Date Pump Installed: <u>9-10-07</u> Rated Pump Capacity: <u>85</u> Gallons Per Minute	<input type="checkbox"/> Diesel Engine <input type="checkbox"/> Gasoline Engine <input type="checkbox"/> Natural Gas <input type="checkbox"/> Electric Motor <input type="checkbox"/> Hand <input type="checkbox"/> Tractor PTO <input type="checkbox"/> Windmill      Other (specify): _____ Horse Power Rating of Motor: <u>5</u> Setting Depth: <u>120</u> Number of Stages: _____

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 SEP 28 2007  
 BY: OLWA

Pump Test Data	Method of Measuring Water Level Circle one
Date Well Tested: <u>9-10-07</u> Static Water Level (A): <u>59</u> Feet Below Land Surface Pumping Water Level (B): <u>84</u> Feet Below Land Surface Drawdown (B) - (A): <u>25</u> Feet Below Land Surface Test Pumping Rate: <u>100</u> Gallons Per Minute Duration of Pump Test (minimum 4 hours): <u>4</u> hours	<input type="checkbox"/> Air Line <input checked="" type="checkbox"/> <u>Electric Measuring Line</u> <input type="checkbox"/> Steel Tape Other (specify): _____ For flowing well, measured static in head: _____ feet Well yielded <u>100</u> GPM with a drawdown of <u>25</u> feet after <u>4</u> hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

John W Thompson 0-679      John W Thompson  
 Print Name of Pump Installer and License No. (if applicable)      Signature of Pump Installer